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0010, PTO  
Rev. 6/95

U.S. Department of Commerce  
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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration ☐ Submitted with Initial Filing OR Declaration ☒ Submitted after Initial Filing

Attorney Docket Number 660005.98757

First Named Inventor Michael C. Barney

### COMPLETE IF KNOWN

Application Number 09/664,519

Filing Date 09/18/2000

Group Art Unit 1653

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE OF HOP ACIDS TO INHIBIT GROWTH OF STAPHYLOCOCCUS AUREUS AND  
PREVENT TOXIC SHOCK SYNDROME

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YY) 09/18/2000

as United States Application Number or PCT International

Application Number 09/664,519 and was amended on (MM/DD/YY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56

I hereby claim foreign priority benefits under Title 35, United States Code §119(a) (d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional
60/158,810	10/12/99	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. QBMAD1225850

## DECLARATION

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I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number or label   
OR  
☒ List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
Neil Hamilton	19,869	Keith M. Baxter	31,233
Thomas W. Ehrmann	20,374	John D. Franzini	31,356
Barry E. Sammons	25,608	Jean C. Baker	34,290
Nicholas J. Seay	27,386	David G. Ryser	35,407
George E. Haas	27,642	Bennett J. Berson	37,094
Michael J. McGovern	28,326	Michael A. Jaskolski	37,551
Carl R. Schwartz	29,437	David M. Kettner	45,589
Zhibin Ren	P47,897		

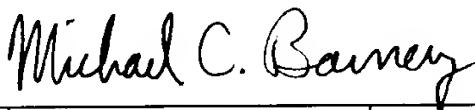
☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to ☐ Customer Number or label  OR ☒ Fill in correspondence address below

Name David M. Kettner  
Address Quarles & Brady LLP  
Address P O Box 2113  
City Madison State WI Zip 53701-2113  
Country US Telephone 608/251-5000 Fax 608/251-9166

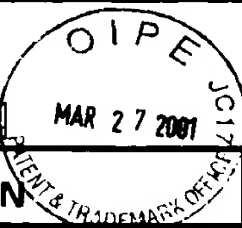
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given Name	Michael	Middle Initial	C.	Family Name	Barney	Suffix, e.g. Jr.	
Inventor's Signature						Date	3/6/01
Residence: City	Elm Grove	State	WI	Country	U.S.	Citizenship	US
Post Office Address	15155 Westover Road						
Post Office Address							
City	Elm Grove	State	WI	Zip	53122-1543	Country	U.S.
Applicant Address							

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box ☐



<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
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<b>Name of Additional Joint Inventor, if any:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---	---

Given Name	Alfonso	Middle Initial	L.	Family Name	Navarro	Suffix, e.g. Jr.	
Inventor's Signature						Date	3/16/01
Residence: City	Valencia	State		Country	Spain	Citizenship	Esp.
Post Office Address	Cirilo Amoros 24, pta. 8						
Post Office							
City	Valencia	State		Zip	46004	Country	Spain
Applicant	Authority						

<b>Name of Additional Joint Inventor, if any:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	David	Middle Initial	S.	Family Name	Ryder	Suffix, e.g. Jr.	
Inventor's Signature						Date	3/5/01
Residence: City	Mequon	State	WI	Country	US	Citizenship	U.K.
Post Office Address	10727 North Gazebo Hills Parkway						
Post Office Address							
City	Mequon	State	WI	Zip	53092	Country	US
Applicant	Authority						

<b>Name of Additional Joint Inventor, if any:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name		Middle Initial		Family Name		Suffix, e.g. Jr.	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Applicant	Authority						

<b>Name of Additional Joint Inventor, if any:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name		Middle Initial		Family Name		Suffix, e.g. Jr.	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Applicant	Authority						

APR 02 2001

<input type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto
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